

Department of Vermont Health Access

H.222 Testimony

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DVHA is providing testimony on the following topics:

- Safety Concerns in Communities
- Risks Associated with Buprenorphine
- Sections 6-8 of H.222 Draft 2.4

Safety Concerns in Communities

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- Diversion
- Results of 2022 Vermont Young Adults Survey
- Removal of the DEA X Waiver

H.222 Sec. 6 - OPIOID ADDICTION TREATMENT SYSTEM

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Bill Language: A medical assessment shall not require a patient to consume medications, either through a “MedWatch” (FDA Form 3500) or otherwise, in order to verify allergic or otherwise adverse reactions to medications.

- DVHA no longer uses the “MedWatch” (FDA 3500) form and as such, asks the Committee to consider removing the following language from the bill: “, either through a “MedWatch” (FDA Form 3500) or”
- The Department has safety concerns about removing the option for providers to observe an allergic reaction for the monoprodut:
 - Despite being a weak opioid, the monoprodut is very addictive.
 - There are safety concerns about the monoprodut being diverted to the community.
 - Treatment of opioid use disorder is, in part, about helping people get out of a system in which they may be both using and selling drugs, including diverting the monoprodut for recreational use.

H.222 Sec. 7 – BUPRENORPHINE PRESCRIPTION INITIATION AND RENEWAL; TELEHEALTH

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Bill language: To the extent permitted under federal law, a health care professional authorized to prescribe buprenorphine for the treatment of substance use disorder:

(1) may initiate a patient’s buprenorphine prescription without requiring an office visit, provided that the health care professional conducts a visit with the patient by telemedicine, as defined in 8 V.S.A. § 4100k, or by audio-only telephone; and

2) may authorize the renewal of a patient’s existing buprenorphine¹⁶ prescription without requiring an office visit, provided that the health care¹⁷ professional conducts a visit with the patient by telemedicine, as defined in 818 V.S.A. § 4100k, or by audio-only telephone.

- Current DEA proposal allows buprenorphine to be initiated without an in-person visit, with a prescription for no more than 30 days. The proposal however requires that prior to any renewal of the initial prescription an in-person visit take place.
- If the DEA proposal is implemented, DVHA would support the initiation without an office visit, but an in-person visit would be required for a subsequent renewal.
- DVHA supports refilling an established patients' prescriptions without an office visit as long as the patient has been monitored in accordance with established standards of care and state and federal guidelines.

Bill language: § 1901I. MEDICATION-ASSISTED TREATMENT MEDICATIONS (a) The Agency of Human Services shall provide coverage to Medicaid beneficiaries for medically necessary medication-assisted treatment for opioid use disorder when prescribed by a health care professional practicing within the scope of the professional's license and participating in the Medicaid program.

(b) Pending approval of the Drug Utilization Review Board, the Agency shall cover at least one medication in each therapeutic class for methadone, buprenorphine, and naltrexone as listed on Medicaid's preferred drug list without requiring prior authorization.

- *The Department is comfortable with this language and worked with the Committee on it last year.*